agents in recovery. In a word, physiology, pathology, and therapeutics concur in showing the necessity of a complete revolution in everything relating to the theory and practice of the maladies which have been under consideration, and they also justify the hope that in future the theory will not be a subject of mystery, or the practice a source of conjecture, perplexity, and failure."

The essay of Dr. Radcliffe is well deserving of an attentive perusal on the part of the medical practitioner. The views of the author in reference to the nature of muscular contraction, and the influence exercised upon it by nervous and other vital agencies and by physical forces may, it is true, receive but little favour; nevertheless, his general conclusions as to the pathological conditions under which tremor, convulsion, and spasm ordinarily occur, which are by no means necessarily dependent upon the truth of his physiological doctrines, as well as his general directions for the treatment of those affections of which tremor, convulsion or spasm is the prominent characteristic, are worthy of serious consideration. D. F. C.

ART. XIX.—*A Clinical Introduction to the Practice of Auscultation, and other Modes of Physical Diagnosis, in Diseases of the Lungs and Heart.* By H. M. HUGHES, M. D., Fellow of the Royal College of Physicians, &c. Second American from the second and revised English edition. Philadelphia, Blanchard & Lea, 1854. 12mo. pp. 304.

THIS little work is of that kind which will surely meet with many readers. The author has contrived to present to the student, in a comparatively small compass, a comprehensive, accurate, and well-arranged exposition of the leading principles and facts in the physical diagnosis of diseases of the chest. His language is plain, and the book is free from all that unnecessary discussion of the laws of sound, and of doubtful questions which are so apt to embarrass the learner in his efforts to discern and comprehend the essential points in this important branch of medicine. As its merits consist mainly in the manner in which the subject is presented, we shall be excused from offering an analysis of the work; it is only necessary to state that the author expresses his dissent from the views of Skoda, especially in the very general application of the "*laws of consonance*" to diseases of the chest. We append, however, the following explanation of a curious fact: "In some cases, which are not so rare as it has been by some authors supposed, it happens that though the pleura is actually full of fluid, and may be proved to be so by inspection after death, not only is tubular breathing general, but a shrill resonance of the voice is distinctly audible over the whole side. Though the lung be compressed into the smallest space, and the bronchial tubes be therefore far removed from the solid parietes, in all parts excepting in the neighbourhood of the spinal column, still, their vibrations are communicated to those parietes, and from them to the ear. How does this happen? It is, indeed, difficult positively to assert how; and because difficult to explain, the fact itself may be questioned. The same thing, however, in regard to the voice, as well as to the tubular breathing, has occurred in persons from whose chests, immediately after the examination and observation of these signs, several pints of fluid have been drawn off by paracentesis. How, then, are these circumstances to be explained? It is acknowledgedly one of those cases in which ordinary acoustic principles appear (most probably from our not being aware of the whole or the exact circumstances of the case) to be insufficient for the satisfactory explanation of what is occasionally heard in the practice of physical diagnosis. If a conjecture might be ventured upon the subject, it would be this: so long as there exists any portion of the lung which is capable of further compression; so long, therefore, as the parietes are not tense, and the fluid contained in them, although in large quantity, is movable, so long is bronchial respiration inaudible over the general surface of the side. But when the compression is great enough to render the parietes and the fluid contained within them tense, but not so great as to flatten or absolutely to close the larger bronchial tubes, then the vibration of those tubes is communicated to the spine, or to the bony parietes, against which they rest, and thence, as in a well-braced drum, to the walls of the entire cavity. The fluid is so tightly pressed that it moves as a solid, and conveys the vibrations as a solid to, and with the solid walls. * * * In the former edition of this work, I spoke doubtfully and hesitatingly in reference to this curious subject, and as if it were of very rare occurrence—as it has, indeed, been represented by most authors—seeing that my attention had been directed to it only in a few instances. From many cases, however, which I have since examined previously to the operation of *paracentesis thoracis*, and from many others in which almost equal evidence existed of the presence and accumulation of fluid in the pleura, I am quite certain that it is not uncommon; I feel assured that it exists as the rule; and I very much question whether, if some accidental circumstance does not exist to prevent its development, it is not generally present when one side of the chest is fully distended with fluid."

For soundness of doctrine, and practical good sense, there are few manuals of physical diagnosis which can compare with this; it therefore recommends itself to the attention of all who desire to possess accurate knowledge on this subject. M. S.

Art. XX.—*Auscultation and Percussion.* By Dr. Joseph Skoda. Translated from the fourth edition by W. O. Markham, M. D., Assistant Physician to St. Mary's Hospital. Philadelphia, Lindsay & Blakiston, 1854. 12mo. pp. 380.

To those who are not familiar with the modifications which Prof. Skoda has endeavoured to make in the theory and nomenclature of the sounds heard in the lungs and heart, this translation of the last edition of the Viennese professor's work will be highly acceptable. The following may be taken as a hasty sketch of his peculiar views:—

Rejecting the pectoriloquy and œgophony of Laennec as being merely modifications of the thoracic voice, uncertain in their diagnostic value, he recognizes only the following:—

1. The voice, accompanied by a concussion in the ear, completely traverses the stethoscope—loud bronchophony, which may be either clear or dull.
2. The voice, unaccompanied by concussion in the ear, passes incompletely through the stethoscope—weak bronchophony.
3. An indistinct humming (*sümmen*), with or without a barely appreciable concussion in the ear.
4. Amphoric resonance, and the metallic echo of the voice. Considering, moreover, Laennec's bronchial and cavernous respiration to be identical, and that there are respiratory murmurs to be heard over the chest, which cannot be classed under the head either of bronchial or vesicular murmurs, he institutes the following division:—

1. The pulmonary respiratory murmur, or vesicular breathing of Andral.
2. Bronchial breathing.
3. Amphoric echo and metallic tinkling heard during breathing.
4. Indeterminate (*unbestimmte*) respiratory murmurs.

Furthermore, he divides the râles as he does the voice and respiration, "so far only as the division has a practical value."

1. Vesicular râle.
2. Consonating râle.
3. Dry crepitating râle, with large bubbles, or *craquement.*
4. Indeterminate râles.
5. Râles accompanied by an amphoric resonance and metallic tinkling.

From the above, it will be seen that Dr. Skoda aims not only at a simplification of the nomenclature of Laennec, but denies the accuracy of the facts upon